

10/685693

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.:	FILING DATE
							APPLICANT(S)	
							CLAIMS	
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
IND	DEP	IND	DEP	IND	DEP	IND	DEP	
1						51	/	
2						52		
3	1					53		
4						54		
5						55		
6						56		
7						57		
8						58		
9						59		
10						60		
11	1					61		
12						62		
13						63		
14						64		
15						65		
16						66		
17						67		
18						68		
19						69		
20						70		
21						71		
22						72		
23						73		
24	1					74		
25						75		
26						76		
27						77		
28	1					78		
29	1					79		
30	1					80		
31						81		
32						82		
33						83		
34						84		
35						85		
36						86		
37						87		
38						88		
39						89		
40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL IND.	10					TOTAL IND.		
TOTAL DEP.	147					TOTAL DEP.		
TOTAL CLAIMS	157					TOTAL CLAIMS		

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.:

FILING DATE

APPLICANT(S)

		AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS						
		IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	/													
2									51					
3									52					
4									53					
5									54					
6									55					
7									56					
8									57					
9									58					
10									59					
11									60					
12									61					
13									62					
14									63					
15									64					
16									65					
17									66					
18	1								67	1				
19									68					
20									69					
21									70					
22									71					
23									72					
24									73					
25									74					
26									75					
27									76					
28									77					
29									78					
30									79					
31									80					
32									81					
33									82					
34									83					
35									84					
36									85					
37									86					
38									87					
39									88					
40									89					
41									90					
42									91					
43									92					
44									93					
45									94					
46									95					
47									96					
48									97					
49									98					
50									99					
									100					
TOTAL IND.									TOTAL IND.					
TOTAL DEP.									TOTAL DEP.					
TOTAL CLAIMS									TOTAL CLAIMS					